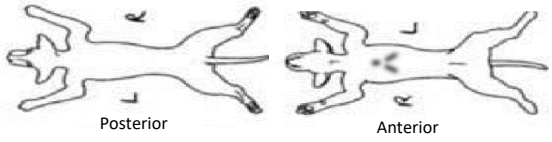


OHIO SPECIAL RESPONSE TEAM

<b>K9 SHIFT ASSESSMENT</b>	1. INCIDENT NAME/IDENTIFIER	2. DATE	3. OPERATIONAL PERIOD
<b>4. HANDLER INFORMATION</b>			
NAME	UNIT	CELL PHONE NUMBER	
<b>5. CANINE INFORMATION</b>			
NAME	DOB	AGE	BREED
KIND / SKILL ( ✓ )			
<input type="checkbox"/> AREA <input type="checkbox"/> AVALANCHE <input type="checkbox"/> CADAVER <input type="checkbox"/> DISASTER/COLLAPSE <input type="checkbox"/> EVIDENCE <input type="checkbox"/> TRAILING <input type="checkbox"/> TRACKING <input type="checkbox"/> WATER			
SEX ( ✓ )	K9's PRIMARY VET CONTACT INFO		COLOR
<input type="checkbox"/> M <input type="checkbox"/> MN <input type="checkbox"/> F <input type="checkbox"/> FS			
<b>6. PRE-SHIFT ASSESSMENT</b>			
STRESS LEVEL: <input type="checkbox"/> NORMAL <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> CONCERNING INTAKE (FLUIDS & FOOD): <input type="checkbox"/> NORMAL <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> CONCERNING OUTPUT (URINE & FECAL): <input type="checkbox"/> NORMAL <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> CONCERNING PHYSICAL APPEARANCE: <input type="checkbox"/> NORMAL <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> CONCERNING MOBILITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> CONCERNING			
<b>7. PRE-SHIFT CERTIFICATION</b>			
AUTHORIZING SIGNATURE		PRINT NAME / AGENCY / TITLE	
<input type="checkbox"/> ACCEPTED	IF REJECTED, EXPLAIN		
<input type="checkbox"/> REJECTED			
<b>8. POST-SHIFT ASSESSMENT</b>			
<input type="checkbox"/> DAY <input type="checkbox"/> NIGHT	AMOUNT OF WORKING TIME: _____ HRS	AMOUNT OF PLAY/REST TIME: _____ HRS	
IDENTIFY ANY POST-SHIFT INJURIES			
CONCERNS			
STRESS LEVEL: <input type="checkbox"/> NORMAL <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> CONCERNING INTAKE (FLUIDS & FOOD): <input type="checkbox"/> NORMAL <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> CONCERNING OUTPUT (URINE & FECAL): <input type="checkbox"/> NORMAL <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> CONCERNING PHYSICAL APPEARANCE: <input type="checkbox"/> NORMAL <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> CONCERNING MOBILITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> QUESTIONABLE <input type="checkbox"/> CONCERNING			
<b>9. PRINT NAME</b>	<b>10. SIGNATURE</b>	<b>11. INCIDENT DCN</b>	
<b>OSRT 74-2</b>			